

STATEMENT FOR PAYMENT OF SUBSTITUTE
REPORTING SERVICES

In the absence of _____, reporter for
Judge _____ of the _____
County District Court; I served as substitute reporter as detailed below:

<u>DATE</u>	<u>AMOUNT CLAIMED</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: _____

Total Claimed: _____

Name: _____

Social Security Number: _____

Address: _____

Reporter's Signature:

Judge's Signature:
